

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038271

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3055

FILED OCT 10 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Richmond Heights

Length of stay in 1b

2 days

c. CITY

OR TOWN Florissant

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 1440 Bluebird Dr.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last MICHAEL GERARD FARRELL

4. DATE OF DEATH Month Day Year

Oct. 3, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-1-1963

9. AGE (last birthday)

xx

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Richmond Heights, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Farrell

13b. MOTHER'S MAIDEN NAME

Frances McDonald

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address Wm. Farrell, 1440 Bluebird Dr. Florissant, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Sclerema secondary to Prematurity (about 2 1/2 lb)

INTERVAL BETWEEN ONSET AND DEATH

8 hrs

2 1/2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-1-63 to 10-3-63 and last saw him alive on 10-2-63. Death occurred at 8:07 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)

Raymond J. LaSalle, M.D.

22b. ADDRESS

35 N. Central Clayton S. Mo.

22c. DATE SIGNED

10-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-4-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

The Florissant Mortuary, Florissant, Mo.

25. DATE RECD. BY LOCAL REG.

10-4-63

26. REGISTRAR'S SIGNATURE

J. L. M. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Paul J. Whitehouse*

Licensed Embalmer No.

*4966*

P. O. Address

*PLACISSANT, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.